

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



FISCAL MEMORANDUM

HB 2088 – SB 1979

March 15, 2016

SUMMARY OF ORIGINAL BILL: Creates a 21-member scope of practice task force to make recommendations to the General Assembly for the improvement of the health of Tennessee residents by providing access to quality and cost-effective care. The task force is charged with the following:

- Develop a plan to educate the public and healthcare professionals about the advantages and methods for a transformed healthcare delivery system addressing the need for accessible, equitable, and affordable care provided by the appropriate healthcare professional;
- Make recommendations on the implementation of a plan to allow healthcare providers to work to their full extent including education, training, experience, and certifications; and
- Identify barriers to adoption of best practices and potential public policy options to address barriers such as unnecessary regulation and lack of access to primary care providers.

The task force is to submit a report of its findings and recommendations to the 110th General Assembly no later than January 15, 2017, at which time the task force will cease to exist. All state agencies are required to provide assistance to the task force upon request

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Expenditures - \$7,200/Each One-Day Meeting

SUMMARY OF AMENDMENT (014087): Deletes all language after the enacting clause. Creates a 19-member scope of practice task force to make recommendations to the General Assembly for the improvement of the health of Tennessee residents by providing access to quality and cost-effective care. The task force is charged with the following:

- Develop a plan to educate the public and healthcare professionals about the advantages and methods for a transformative healthcare delivery system addressing the need for accessible, equitable, and affordable care provided by the appropriate healthcare professional;
- Make recommendations on the implementation of a plan to allow healthcare providers to work to their full extent including education, training, experience, and certifications; and
- Identify barriers to adoption of best practices and potential public policy options to address barriers such as unnecessary regulation and lack of access to primary care providers.

Authorizes the appointment of ex-officio members above and beyond the 19 required members. The task force members will not be compensated or be eligible to receive travel reimbursement for their service on the task force. The task force will only meet while the General Assembly is meeting in session or other state business is being conducted. The task force is to submit a report of its findings and recommendations to the 110th General Assembly no later than January 10, 2017, at which time the task force will cease to exist. All appropriate state agencies are required to provide assistance to the task force upon request.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

NOT SIGNIFICANT

Assumptions for the bill as amended:

- The bill as amended specifies the following 19 members of the committee: two Senators, two Representatives, one representative of the Department of Health, and 14 additional members from the health care industry appointed by the Speaker of the Senate or the Speaker of the House of Representatives.
- The task force will only meet when the General Assembly is already scheduled to meet; therefore, no additional travel or per diem costs for legislative members.
- The non-legislative members will not receive compensation or travel reimbursement for their service on the task force.
- Any administrative costs incurred by the task force will not be significant and can be accommodated within existing General Assembly resources.
- Any fiscal impact is not significant.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Krista M. Lee, Executive Director

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